

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: MP
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MP

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 153,480 (32.6%)

B.Children with special health care needs:

\$ 160,510 (34.1%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 42,796 (9.09%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 470,757

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 395,500

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 395,500

\$ 395,500

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 866,257

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

CDC-EHDI \$ 142,000

HRSA-UNHS/ECCS \$ 282,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 518,644

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,384,901

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MP

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 500,990	\$ 340,673	\$ 498,075	\$ 394,261	\$ 477,461	\$ 429,149
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 876,733	\$ 596,178	\$ 871,631	\$ 871,631	\$ 835,557	\$ 835,557
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 517,032	\$ 351,582	\$ 542,052	\$ 542,052	\$ 418,968	\$ 418,968
7. Subtotal	\$ 1,894,755	\$ 1,288,433	\$ 1,911,758	\$ 1,807,944	\$ 1,731,986	\$ 1,683,674
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 3,003,194	\$ 2,042,172	\$ 4,807,170	\$ 4,807,170	\$ 3,767,998	\$ 3,767,998
9. Total <i>(Line11, Form 2)</i>	\$ 4,897,949	\$ 3,330,605	\$ 6,718,928	\$ 6,615,114	\$ 5,499,984	\$ 5,451,672
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MP

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 477,461	\$ 391,518	\$ 477,986		\$ 470,757	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 448,253	\$ 367,567	\$ 965,706		\$ 395,500	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 316,175	\$ 259,264	\$ 191,334		\$ 0	
7. Subtotal	\$ 1,241,889	\$ 1,018,349	\$ 1,635,026	\$ 0	\$ 866,257	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 4,775,433	\$ 3,915,855	\$ 27,200		\$ 518,644	
9. Total <i>(Line11, Form 2)</i>	\$ 6,017,322	\$ 4,934,204	\$ 1,662,226	\$ 0	\$ 1,384,901	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the totla Federal Allocation budgeted amount
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total State Funds budgeted amount
4. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Program Income budgeted amount
5. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Other Federal Funds budgeted amount

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MP

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 378,951	\$ 257,687	\$ 382,352	\$ 361,589	\$ 17,642	\$ 15,878
b. Infants < 1 year old	\$ 208,423	\$ 141,727	\$ 210,293	\$ 198,874	\$ 17,641	\$ 15,878
c. Children 1 to 22 years old	\$ 360,003	\$ 244,802	\$ 363,234	\$ 343,509	\$ 157,825	\$ 142,043
d. Children with Special Healthcare Needs	\$ 625,269	\$ 425,183	\$ 649,998	\$ 614,701	\$ 146,117	\$ 131,505
e. Others	\$ 132,633	\$ 90,190	\$ 114,705	\$ 108,476	\$ 1,350,355	\$ 1,340,205
f. Administration	\$ 189,476	\$ 128,844	\$ 191,176	\$ 180,795	\$ 42,406	\$ 38,165
g. SUBTOTAL	\$ 1,894,755	\$ 1,288,433	\$ 1,911,758	\$ 1,807,944	\$ 1,731,986	\$ 1,683,674
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 90,300		\$ 118,998		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 15,000		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 1,118,409		\$ 0	
h. AIDS	\$ 236,507		\$ 310,570		\$ 351,769	
i. CDC	\$ 1,942,577		\$ 2,541,009		\$ 2,498,317	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
OPA Title X FP	\$ 0		\$ 0		\$ 174,582	
SAMHSA/HRSA	\$ 0		\$ 0		\$ 648,686	
Region IX - FP	\$ 0		\$ 169,498		\$ 0	
SAMHSA	\$ 548,686		\$ 548,686		\$ 0	
Region IX-FP; HRSA	\$ 170,124		\$ 0		\$ 0	
III. SUBTOTAL	\$ 3,003,194		\$ 4,807,170		\$ 3,767,998	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MP

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 61,405	\$ 50,352	\$ 61,404	\$	\$ 21,657	\$
b. Infants < 1 year old	\$ 61,405	\$ 50,352	\$ 61,404	\$	\$ 21,656	\$
c. Children 1 to 22 years old	\$ 153,480	\$ 125,854	\$ 153,480	\$	\$ 285,865	\$
d. Children with Special Healthcare Needs	\$ 158,765	\$ 130,187	\$ 158,245	\$	\$ 294,527	\$
e. Others	\$ 764,428	\$ 626,831	\$ 1,157,040	\$	\$ 164,589	\$
f. Administration	\$ 42,406	\$ 34,773	\$ 43,453	\$	\$ 77,963	\$
g. SUBTOTAL	\$ 1,241,889	\$ 1,018,349	\$ 1,635,026	\$ 0	\$ 866,257	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 10,000		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 1,344,745		\$ 0		\$ 0	
h. AIDS	\$ 345,366		\$ 1,500		\$ 0	
i. CDC	\$ 2,816,096		\$ 1,700		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CDC-EHDI	\$ 0		\$ 0		\$ 142,000	
HRSA-UNHS/ECCS	\$ 0		\$ 0		\$ 282,000	
HRSA-ECCS;CDC-ehdi	\$ 0		\$ 12,000		\$ 0	
Region IX - FP	\$ 0		\$ 2,000		\$ 0	
OPA Title X FP	\$ 174,582		\$ 0		\$ 0	
III. SUBTOTAL	\$ 4,775,433		\$ 27,200		\$ 518,644	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Pregnant Women budgeted amount
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Infants <1 year old budgeted amount
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Children 1-22 years old budgeted amount
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNEExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Children with Special Healthcare needs budgeted amount
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNEExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Others budgeted amount
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Administration budgeted amount
12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration

Column Name: Expended

Year: 2008

Field Note:

Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MP

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,421,066	\$ 966,325	\$ 1,433,819	\$ 1,355,958	\$ 1,298,990	\$ 1,200,313
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 113,685	\$ 77,306	\$ 114,705	\$ 108,477	\$ 103,919	\$ 124,749
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 246,318	\$ 167,496	\$ 248,529	\$ 235,033	\$ 225,158	\$ 233,864
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 113,686	\$ 77,306	\$ 114,705	\$ 108,476	\$ 103,919	\$ 124,748
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,894,755	\$ 1,288,433	\$ 1,911,758	\$ 1,807,944	\$ 1,731,986	\$ 1,683,674

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MP

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 931,417	\$ 763,762	\$ 1,226,270		\$ 649,693	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 74,513	\$ 61,100	\$ 98,102		\$ 51,976	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 161,446	\$ 132,386	\$ 212,553		\$ 112,613	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 74,513	\$ 61,101	\$ 98,101		\$ 51,975	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,241,889	\$ 1,018,349	\$ 1,635,026	\$ 0	\$ 866,257	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Direct Health Care Services budgeted amount
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
3. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Enabling Services budgeted amount
4. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
5. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the Population-Based Services budgeted amount
6. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
7. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
82% expenditure of the total Infracstructure Building Services budgeted amount
8. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/3/0/2009.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MP

Total Births by Occurrence: 1,109

Reporting Year: 2009

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	1,004	90.5	0	0	0	
Congenital Hypothyroidism	1,004	90.5	0	0	0	
Galactosemia	1,004	90.5	0	0	0	
Sickle Cell Disease	1,004	90.5	0	0	0	

Other Screening (Specify)

Biotinidase Deficiency	1,004	90.5	0	0	0	
Cystic Fibrosis	1,004	90.5	1	0	0	
Amino Acids	1,004	90.5	3	0	0	
Acylcarnitine	1,004	90.5	1	0	0	
Hearing Screening	1,096	98.8	7	4	2	50
Hemoglobin	1,004	90.5	0	0	0	
Adrenal Hyperplasia	1,004	90.5	0	0	0	

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2011
Field Note:
1109 total live birth in 2009 for the Northern Marianas.
There were no metabolic positive results in 2009
2. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2011
Field Note:
no confirmed cases
3. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2011
Field Note:
no confirmed cases in 2009
4. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2011
Field Note:
no confirmed cases
5. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2011
Field Note:
no confirmed cases

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MP

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	348	0.0	0.0	73.6	26.4	0.0
Infants < 1 year old	1,966	0.0	0.0	65.4	34.6	0.0
Children 1 to 22 years old	21,864	0.0	0.0	65.5	34.5	0.0
Children with Special Healthcare Needs	518	0.0	0.0	53.3	46.7	0.0
Others	14,046	0.0	0.0	50.4	49.6	0.0
TOTAL	38,742					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2011
Field Note:
Total number of pregnant women served at CHC.
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Total infants served in 2009 includes, children less than 1 yr old from previous year and infants migrating into the CNMI.
3. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2011
Field Note:
Total number of patients over 22 yrs old served at the CHC. Data derived from RPMS

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MP

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,119	9	0	0	603	486	21	0
Title V Served	1,119	9	0	0	603	486	21	0
Eligible for Title XIX	1,119	9	0	0	603	486	21	0
INFANTS								
Total Infants in State	1,746	13	0	8	911	814	0	0
Title V Served	1,746	13	0	8	911	814	0	0
Eligible for Title XIX	1,136	13	0	6	601	516	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,119	0	0	0	0	0	0	0
Title V Served	1,119	0	0	0	0	0	0	0
Eligible for Title XIX	1,119	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,746	0	0	0	0	0	0	0
Title V Served	1,746	0	0	0	0	0	0	0
Eligible for Title XIX	1,136	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2011
Field Note:
Total livebirths= 1109; Total fetal deaths= 10
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2011
Field Note:
Total Title V Served for 2009= 1119
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2011
Field Note:
Numbers derived from RPMS Total= 1746
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2011
Field Note:
There were 1136 medicaid recipients less than 1 yr old. The number derived from the RPMS.
5. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Total Non Hispanic or Latino Deliveries= 1119
6. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Total Infants Served in 2009= 1746
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2011
Field Note:
Total Infants Eligible under Medicaid derived from RPMS in 2009= 1136

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MP

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	670-236-8703			670-236-8733	670 664-4867/236-8734
2. State MCH Toll-Free "Hotline" Name	Division of Public Health			Immunization Information	Northern Community Wellness Center Immunization Program
3. Name of Contact Person for State MCH "Hotline"	Ms. April Camacho			Mariana Sablan	Margarita Torres Aldan
4. Contact Person's Telephone Number	670-236-8703			670-236-8703	670-236-8714
5. Contact Person's Email	dphsec1@gmail.com				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MP

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>
2. State MCH Toll-Free "Hotline" Name	Southern Community Wellness Center	Southern Community Wellness Center	Southern Community Wellness Center	Southern Community Wellness Center	Southern and Northern Community Wellness Center.
3. Name of Contact Person for State MCH "Hotline"	<u>Ms. Mel Rogolifoi</u>	<u>Ms. Mel Rogolifoi</u>	<u>Ms. Cindy Rodeo</u>	<u>Ms. Cindy Rodeo</u>	<u>Ms. Cindy Rodeo</u>
4. Contact Person's Telephone Number	<u>670-664-4850</u>	<u>670-664-4850</u>	<u>670-664-4850</u>	<u>670-664-4850</u>	<u>(670) 664-4850</u>
5. Contact Person's Email	<u>melrogo@yahoo.com</u>	<u>melrogo@yahoo.com</u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>208</u>	<u>160</u>	<u>148</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2011
Field Note:
This is DPH community-based clinic.
2. **Section Number:** Form9_Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2009
Field Note:
This number has increased due to information on H1N1 and HPV.
3. **Section Number:** Form9_Optional
Field Name: calls_1
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2009
Field Note:
This has been designated at the contact number for all DPH Programs.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: MP

1. State MCH Administration:
(max 2500 characters)

The Department of Public Health, under the authorized representative of the Secretary of Public Health, is responsible for the administration of the Maternal and Child Health Program and all federally funded programs. The MCH program provides and support services for prenatal and postpartum care, oral health, infants/children development, newborn hearing screening, adolescent health services, children with special health care needs/early intervention services, early childhood comprehensive system, and state system development initiative.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 470,757
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 395,500
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 866,257

9. Most significant providers receiving MCH funds:

Southern Community Wellness Center
Children Developmental Assistance Center
Dental Unit
Women and Children's Clinic

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	348
b. Infants < 1 year old	1,966
c. Children 1 to 22 years old	21,864
d. CSHCN	518
e. Others	14,046

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

Wise Women Village Project; School Dental Program for 1st, 5th, and 6th grade students; Restorative treatment service for Head Start children enrolled in Medicaid.

b. Population-Based Services:

(max 2500 characters)

Newborn Hearing Screening; Head Start Dental Program; Home Visits for Head Start families; Reach Out and Read; HPV School Campaign; Prenatal Care Ad Campaign; Oral Health Campaign; Healthy Growth and Development Campaign; Flu W.A.T.C.H. Campaign; care coordination for CSHCN during Specialty Clinics and for medical referral purpose; eligibility assistance for CSHCN.

c. Infrastructure Building Services:

(max 2500 characters)

Newborn Hearing Screening Surveillance system, newborn screening database, Training - early intervention services; autism spectrum disorder; eligibility assistance; sign language; needs assessment; quality improvement activities; applied for ACA Home Visiting Program.

12. The primary Title V Program contact person:

Name	Margarita Torres Aldan
Title	MCH Program Coordinator
Address	P.O. Box 500409
City	Saipan
State	MP
Zip	96950
Phone	670-236-8714
Fax	670-236-8700
Email	mtaldan@gmail.com

13. The children with special health care needs (CSHCN) contact person:

Name	Shiella Perez
Title	CSHCN EIS Follow-up Coordinator
Address	P.O. Box 500409
City	Saipan
State	MP
Zip	96950
Phone	670-236-8709
Fax	670-236-8700
Email	shiella.perez@gmail.com

Web

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Form10_Main
Field Name: MCHAdmin
Row Name: State MCH Administration
Column Name:
Year: 2011
Field Note:
This services may be provided only by MCH or with it partners such as for adolescent it partners with Family Planning, HIV/STD Prevention, etc.
2. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund1
Row Name:
Column Name:
Year: 2011
Field Note:
This is the community-based clinic located in the southern part of the island of Saipan providing MCH services.
3. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund2
Row Name:
Column Name:
Year: 2011
Field Note:
This is the center that provides early intervention services including children with special health care needs.
4. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund3
Row Name:
Column Name:
Year: 2011
Field Note:
The Dental Unit administers the school dental program.
5. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund4
Row Name:
Column Name:
Year: 2011
Field Note:
MCH supports direct health care, enabling, population-based, and infrastructure building through educational materials, computer, equipment, training, at the Women and Children's Clinic. The WOMen and Children's Clinic under Hospital Division iis our referral site for high-risk patients.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MP

Form Level Notes for Form 11

Subsequent years objectives were changed to reflect 2009 annual indicator thus making it more realistic to current situation.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	82	96.5	97	98.5	98.5
Annual Indicator	96.1	0.0	0.0	0.1	100.0
Numerator	1,280	0	0	1	2
Denominator	1,332	1,422	1,385	1,266	2
Data Source				Lab	Lab
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be				Yes	Yes
applied.					
<small>(Explain data in a year note. See Guidance, Appendix IX.)</small>					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
 There were 2 positive metabolic screening for GALT and Hemoglobin, both received treatment. Need to verify kind of treatment.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 In 2008, newborn metabolic screening 1112. Hypothyroidism 1 positive case receiving treatment.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Metabolic screening 1075. There were no positive case for newborn condition in 2007.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	87	87	87	88	88
Annual Indicator	87.0	87.0	87.0	87.0	59.0
Numerator	147	147	147	147	79
Denominator	169	169	169	169	134
Data Source				CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	88	88	88.1	88.1	88.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

CSHN Survey 2009

175 were respondents

134 were qualified

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	68	69	69	69	70
Annual Indicator	68.0	68.0	68.0	68.0	26.9
Numerator	115	115	115	115	36
Denominator	169	169	169	169	134
Data Source				CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	70	70	70	70.2	70.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

53 within medical home. 36 received coordinated, ongoing, comprehensive care.

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	68	69	69	70	70
Annual Indicator	68.6	68.6	68.6	68.6	59.0
Numerator	116	116	116	116	79
Denominator	169	169	169	169	134
Data Source				CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	70	70	70	70.5	70.5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

134 respondents

112 were qualified

79 have adequate insurance to pay services they need

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	44	45	45	46	46
Annual Indicator	43.2	43.2	43.2	43.2	52.2
Numerator	73	73	73	73	70
Denominator	169	169	169	169	134
Data Source				CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	46	46	46.1	46.2	46.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

134 respondents

50 reported community based service are organized

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	7	7	8
Annual Indicator	5.9	5.9	5.9	5.9	6.7
Numerator	10	10	10	10	9
Denominator	169	169	169	169	134
Data Source				CSHCN survey	CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	8	8	8	8.1	8.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

131 respondents

9 received services to make transitions to aspects of adult life

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>90</u>	<u>75</u>	<u>75</u>	<u>88</u>	<u>88.5</u>
Annual Indicator	<u>66.9</u>	<u>72.3</u>	<u>76.9</u>	<u>77.1</u>	<u>86.8</u>
Numerator	<u>852</u>	<u>1,273</u>	<u>1,109</u>	<u>1,125</u>	<u>1,386</u>
Denominator	<u>1,274</u>	<u>1,761</u>	<u>1,442</u>	<u>1,459</u>	<u>1,596</u>
Data Source				Immunization Registry	Immunization Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>88.5</u>	<u>88.5</u>	<u>89</u>	<u>89</u>	<u>89</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2009
Field Note:
 1386 children aged 19-35 months completed Immunization screening in 2009.
- Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2008
Field Note:
 In 2008, 1125 19 to 35 month olds received full schedule of appropriate immunization.
- Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2007
Field Note:
 Of 1442 19-35 month old, 1109 received full immunization schedule

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	28	31	30	26.5	26.5
Annual Indicator	31.3	22.2	21.5	20.3	22.2
Numerator	37	33	33	32	35
Denominator	1,184	1,485	1,533	1,573	1,577
Data Source				live birth certificates	Live Birth Certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	26.5	26.5	26.5	26	26
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

35 total teens aged 15-17 years delivered in 2009.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

32 teens 15-17yrs gave birth in 2008.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

33 births for mothers 15-17 years old in 2007. Denominator revised.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	81.5	60	60	66	67
Annual Indicator	58.8	65.0	65.9	90.7	78.5
Numerator	1,582	1,650	1,907	691	2,099
Denominator	2,690	2,537	2,892	762	2,673

Data Source

Dental program

Dental Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	79	79.5	79.5	80	80
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Of the 2,673 (1st, 5th, and 6th grade) enrollees, 2,099 received protective sealant in 2009. 1st graders data is pending and will be subsequent data submission.

- 2.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

First graders only. First sealant application. Of the 762 first graders, 691 students received at least 1 protective sealant in 2008.

- 3.
- Section Number:**
- Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

1,907 1st, 5th, and 6th graders received protective sealant in 2007; 2,892 1st, 5th, and 6th grade enrollees.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	20	6	6	0	10
Annual Indicator	12.5	12.5	0.0	6.1	6.2
Numerator	2	2	0	1	1
Denominator	15,978	15,973	16,443	16,372	16,244
Data Source				Death certificates	Death certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	6	6	6
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 Only 1 motor vehicle fatality in 2009 for 14 yrs and below.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2008
Field Note:
 Only 1 MVA death in 2008.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2007
Field Note:
 Denominator revised

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		80	80	80	33
Annual Indicator		47.8	35.0	19.4	36.9
Numerator		680	485	245	527
Denominator		1,422	1,385	1,266	1,427
Data Source				WIC program	WIC program
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	37	38	39	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2009

Field Note:

In 2009, 1,427 number of mothers served under WIC program and 527 infants were breastfed at 6 months of age. 154 never breastfed. The implementation of the WIC Program data system has allowed for the program to provided more accurate counts and also the establishment of the clinic for 2 years now has enabled partners to refer to the WIC Program thus the increase in the numerator.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

WIC data collection for mothers breastfeeding at 6 months started in October 2008. 245 mothers reported breastfeeding at 6 months of age.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data provided by WIC, incomplete 2007.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	99	99
Annual Indicator	99.3	99.4	97.7	98.3	98.7
Numerator	1,323	1,414	1,353	1,244	1,096
Denominator	1,332	1,422	1,385	1,266	1,110

Data Source

EHDl

EHDl

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	99	99	99	99.1	99.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

In 2009, 1096 of newborn had hearing screening before hospital discharge. Early Hearing Detection and Intervention surveillance system provided us with the data.

- 2.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, 1244 newborn screened for hearing, 4 positive, 2 left and 2 receiving treatment.

- 3.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

1,383 newborns screened before discharge in 2007

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	12.9	44	44	43	60
Annual Indicator	44.6	48.7	50.7	61.7	61.0
Numerator	9,211	10,335	9,961	12,155	12,000
Denominator	20,647	21,230	19,636	19,707	19,657

Data Source

RPMS

RPMS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	60	60	55	55	55
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

12000 children without health insurance including 101 visitors derived from RPMS.

- Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2551 children 0-17yrs with no insurance. This is attributed to the declining economic situation of the CNMI - closing of garment industry, federalization of immigration, etc.

- Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

9,961 children 17 years and under without health insurance in 2007. Total children in state revised to reflect new estimate projection.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		50	50	50	30
Annual Indicator		0.0	0.0	25.9	34.8
Numerator		1	1	308	984
Denominator		5,059	5,220	1,188	2,824

Data Source

WIC program

WIC program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	35	35	40	40	45
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2009

Field Note:

There were 2,824 total children under WIC program. A total of 984 children at or above the 85thile BMI and 2,270 children below the 85thile BMI.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, 1108 children in the WIC program aged 2-5 yrs. 308 were at or above the 85th percentile.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Estimated population 2-5 years in 2008. Data not readily available during this report

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		1	1	60	20
Annual Indicator	100.0	100.0	100.0	6.1	5.0
Numerator	1	1	1	76	55
Denominator	1	1	1	1,255	1,107
Data Source				Birth Certificates	Birth Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

In 2009 birth certificate registration, women were generally asked if they use tobacco or smoking during their pregnancy. 2010 revision questions were more detailed about smoking during 1st, 2nd, and 3rd trimesters.

55 pregnant women used tobacco/smoking during their pregnancy in 2009.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

10% variance of 1266 pregnant women to be surveyed. Preliminary report based on 76 completed surveys. Final result pending completion of 51 remaining data entry.

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data on women smoked in the 3 months of pregnancy is not available at the time of reporting

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	50.5	5	5	1	20
Annual Indicator	0.0	0.0	0.0	18.9	0.0
Numerator	0	0	0	1	0
Denominator	4,528	4,645	4,762	5,279	5,470
Data Source				Death certificates	Death certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes	Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

No suicide fatality for teens 15-19 yrs of age in 2009.

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, only 1 suicide death 15-19 yrs.

3. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

No case of suicide for 15-19 years teens in 2007

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u></u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u></u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u></u>

Data Source

No high risk facility

No high risk facility

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

CNMI is excluded from this performance measure due to no high risk facility on island.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

CNMI is excluded from this PM. There is no high risk facility in the CNMI.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

CNMI is excluded from this PM. There is no high risk facility in the CNMI.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	31.4	28	29	29.9	30
Annual Indicator	28.2	22.9	29.1	17.2	28.2
Numerator	375	326	403	219	316
Denominator	1,332	1,422	1,385	1,272	1,119

Data Source

Birth registration

Birth registration

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	30.9	31	31	31.1	31.1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

There were 316 pregnant women received prenatal care in the first trimester.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

PNC visit in 1st trimester in 2008 birth registration showed 213.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Derived from Birth certificates. 403 first visit in the 1st trimester 2007.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MP

Form Level Notes for Form 11

Subsequent years objectives were changed to reflect 2009 annual indicator thus making it more realistic to current situation.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		52.5	50	75	70
Annual Indicator	55.4	57.8	78.8	66.4	60.1
Numerator	738	822	1,091	844	673
Denominator	1,332	1,422	1,385	1,272	1,119
Data Source				Family Planning Program	Family Planning
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	70	65	65	60	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2009
Field Note:
 60.1% unintended pregnancies in 2009.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2008
Field Note:
 Estimated 66.7 percent reported unplanned pregnancies from the 196 mothers in 2008. Full report on family planning on prenatal care visits will be implemented for the proceeding years.
- Section Number:** Form11_State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2007
Field Note:
 Total intended pregnancies in 2007 is 294, unintended 1091

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of women who have ever received a pap smear.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		7.9	7.9	7.9	8
Annual Indicator	7.9	10.0	11.0	11.1	10.4
Numerator	2,808	2,512	2,623	2,533	2,324
Denominator	35,634	25,140	23,945	22,760	22,396
Data Source				BCSP & Wise Women Project	BCSP & Wise Women
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	8	8	8	10	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

2324 women received a pap smear in 2009.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

There were 2509 number of women ever received pap smear in 2008.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator revised.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percent of women who have ever received a mammogram.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		12.8	12.8	12	12
Annual Indicator	12.8	11.9	5.9	5.4	14.9
Numerator	1,014	1,087	558	521	1,479
Denominator	7,949	9,160	9,387	9,599	9,958
Data Source				Radiology	Radiology
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	12	12.5	12.5	11	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

1479 women received a mammogram in 2009.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

The number of mammogram decrease due to lack of professional staff from July to November 2008.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

The decrease in mammography was due to lack of Radiologist in 2007. Denominator revised.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		132	132	30	45
Annual Indicator	132.9	17.6	30.3	3.2	3.6
Numerator	177	25	42	4	4
Denominator	1,332	1,422	1,385	1,266	1,109
Data Source				CDAC	CDAC
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>45</u>	<u>45</u>	<u>50</u>	<u>50</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

79 infants were referred to CDAC and only 1 received early intervention services.

- Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, 55 infants were referred for early intervention. Four (4) infants received early intervention services but two (2) left the island since.

- Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

42 under 1 year old C DAC services in 2007

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

The rate of chlamydia for adolescents aged 13-19 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective		7	7	6	6
Annual Indicator	9.3	3.0	4.1	3.3	5.0
Numerator	59	22	30	25	38
Denominator	6,355	7,241	7,386	7,544	7,664
Data Source				HIV/STD program	HIV/STD Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	6	6	5	5	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2009

Field Note:

In 2009, 38 children ages 13-19 were positive for chlamydia.

2. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, 25 children ages 13-19 were positive for chlamydia.

3. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2007

Field Note:

13-19 year old with chlamydia in 2007. Denominator revised.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

The degree to which State provides nutrition education information to children aged 6 through 11 years.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	71.5	50	50	52.5	20
Annual Indicator	20.3	18.2	15.1	13.7	14.4
Numerator	468	800	525	663	527
Denominator	2,310	4,400	3,485	4,837	3,655
Data Source				Nutritionist	Estimated
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	20	20	25	25	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

Estimated figures pending data from source, CREES NMC. Public Health does not have nutritionist since last year.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Total enrollment for 6-11yrs. Nutrition education est. at 662.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Preliminary figure for nutrition education 6-11 yr old.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

The percent of pregnant women that are screened for chlamydia.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	98	99	100	100	55
Annual Indicator	96.2	124.5	102.9	49.8	38.6
Numerator	1,281	1,770	1,425	633	432
Denominator	1,332	1,422	1,385	1,272	1,119
Data Source				Lab	Women's Clinic
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	55	60	60	65	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numbers provided by Women's Clinic only. Significant decrease in total tested could be a result of the recent closure of one of the wellness clinics among other state factors.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

estimated number of pregnant women screened.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional figure for pregnant women screened for chlamydia in 2007

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MP

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	6.7	6.5	6.5	6	6
Annual Indicator	3.8	6.3	4.3	3.9	1.8
Numerator	5	9	6	5	2
Denominator	1,332	1,422	1,385	1,266	1,110
Data Source				Death Certificates	Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	4.9	3.5	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, there were 5 infants deaths.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

9 infant death; 1,385 live birth

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Data Source				Death Certificate	Death Certificate
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer			Yes		
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

The CNMI is waived from reporting this outcome measure.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

Zero to report and 3 yrs average is zero.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

Zero to report and 3 yrs average is zero.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	4.9	4.5	4	4	4
Annual Indicator	3.0	4.2	2.9	3.2	0.9
Numerator	4	6	4	4	1
Denominator	1,332	1,422	1,385	1,266	1,110
Data Source				Livebirth certificates	Livebirth Certificate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	4	3.5	3.5	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

There were 4 neonatal death in 2008.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

2 early neonatal + 2 late neonatal = 4

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.8	2.1	1.4	0.8	0.9
Numerator	1	3	2	1	1
Denominator	1,332	1,422	1,385	1,266	1,110
Data Source				Death Certificates	Death Certificates
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer				Yes	Yes
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

Only 1 postneonatal mortality

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, 1 postneonatal death.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

2 postneonatal mortality

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	3	11	11
Annual Indicator	9.0	8.4	11.4	4.7	6.3
Numerator	12	12	16	6	7
Denominator	1,340	1,430	1,404	1,272	1,119

Data Source

Vital Stats

Vital Stats

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	10	10	10

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

There were 1110 live births plus 9 fetal deaths.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

There were 6 perinatal mortality and 1266 birth plus 6 fetal death in 2008.

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

14 late fetal death + 2 early neonatal = 16 perinatal; denominator live birth + late fetal death

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	24.9	24.7	24.7	24	24
Annual Indicator	41.9	6.6	6.6	32.7	43.5
Numerator	7	1	1	5	8
Denominator	16,693	15,121	15,264	15,284	18,403

Data Source

Death certificates

Death Certificates

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

Yes

Yes

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	24	23.5	23	20	20

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Only 1 death children aged 1-14 years in 2007. Denominator revised from 17653 to 15264 to reflect the new population estimate based on the 2005 HIES.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MP

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

The fetal death rate per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective					4
Annual Indicator	9.8	10.5	13.7	4.7	8.1
Numerator	13	15	19	6	9
Denominator	1,332	1,422	1,385	1,266	1,110
Data Source				Vital Statistics Office	
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	4	3.8	3.8	3.8	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2008
Field Note:
 6 fetal death in 2008.
- Section Number:** Form12_State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2007
Field Note:
 19 fetal death in 2007; denominator is number of live birth

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MP

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Please note that the rating of 2 in some of the questions is that we do get the participation of families but majority of the time it is the same parents that volunteer. We may have 20 volunteers but at the end we would end up with the same 5 people. This is why we provide incentives, baby sitting, etc. to our families.

FIELD LEVEL NOTES

- 1. Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2011
Field Note:
We do have family members that participate on not just advisory committee but also assist with coordinating and facilitating community events or meetings.
- 2. Section Number:** Form13_Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2011
Field Note:
MCH and its partners does support travel costs for Rota and Tinian families. We work with our partners to fund costs for off-island trainings, bringing trainers on-island, and for parent activities or groups. We assist them bring in keynote speakers for their conferences. We also provide incentives such as gas vouchers to our families.
- 3. Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2011
Field Note:
Through MCH work with its partners we were able to get participation and involvement of our families with needs assessment, surveys, focus groups.
- 4. Section Number:** Form13_Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2011
Field Note:
Family members are involved in service training by speaking about experiences of having a child with special health care needs, volunteering to have their child be part of the assessment during IFSP training, etc. It usually is about their experiences and how to improve the process.
- 5. Section Number:** Form13_Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2011
Field Note:
CSHCN/EIS Follow-up Coordinator is a parent of a child with special needs.
- 6. Section Number:** Form13_Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2011
Field Note:
We have a culturally diverse group families. We do tend to have one group more active than others in all the activities.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MP FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase the percent of mothers who breastfeed their infants at hospital discharge.
2. To ensure early entrance into prenatal care to enhance pregnancy outcomes for pregnant women enrolled in Medicaid.
3. Improved case management of pregnant women identified as 'high-risk'
4. To increase the proportion of women aged 18 years and older who have ever received a pap smear.
5. To increase the proportion of women aged 40 years and older who have ever received a mammogram.
6. To reduce the proportion of children ages 12 months to 5 years who are at risk of overweight or obese
7. Increase developmental screening for children 0-5 years old
8. To lower the birth rate among Chamorro teenagers aged 15-18
9. Reduce adolescent risk behaviors relating to alcohol and other drug use
10. Input information on infants with a diagnosis at birth into the Birth Defects Registry within 6 months

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MP

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Review of some of the required data to be submitted i.e. Medicaid	Understand instructions but during review data submitted is wrong	Christopher Dykton
2.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Infants, Early Childhood Needs Assessment	Timeframe to conduct is limited	Dr. Gigliola Baruffi
3.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Data Analysis and Reporting 101	For new MCH staff and Manager of Health and Vital Statistics	Dr. Gigliola Baruffi
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MP

SP(Reporting Year) # 1

PERFORMANCE MEASURE:

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

STATUS:

Active

GOAL

To decrease the number of unplanned pregnancies.

DEFINITION

Numerator:

Number of unplanned live births for women aged 15-44 years for that calendar year.

Denominator:

Number of live births plus number of unplanned pregnancies for women aged 15-44 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Related to objective 9-3

Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.

DATA SOURCES AND DATA ISSUES

Prenatal care forms and logbook from Labor and Delivery.

SIGNIFICANCE

Reducing unplanned pregnancies is possible and necessary. Unplanned pregnancy in the CNMI and the nation is serious, costly, and occurs frequently. Socially, the costs can be measured in unplanned births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health care costs are increased. An unplanned pregnancy, once it occurs, is expensive no matter what the outcome. Medically, unplanned pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unplanned pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unplanned pregnancy can carry serious consequences at all ages and life stages.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:

Percent of women who have ever received a pap smear.

STATUS:

Active

GOAL

To increase the proportion of women aged 18 years and older who have ever received a pap smear.

DEFINITION

Numerator:

Number of women 18 years and older who received pap smear.

Denominator:

Number of women aged 18 years and older in the CNMI.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 3-11a.

Women aged 18 years and older who have every received a Pap test (Baseline – 92 percent in 1998)

DATA SOURCES AND DATA ISSUES

BCSP Database and RPMS. Population records are available from the Census.

SIGNIFICANCE

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer. There were 15,543 women aged 25-60 years that were identified as not having had a pap smear for the past 4 years.

SP(Reporting Year) # 3

PERFORMANCE MEASURE:

Percent of women who have ever received a mammogram.

STATUS:

Active

GOAL

To increase the proportion of women aged 40 years and older who have ever received a mammogram.

DEFINITION

Numerator:

Number of women aged 40 years and older who received a mammogram.

Denominator:

Number of women aged 40 years and older in the CNMI.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 3-13.

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
(Baseline – 67 percent in 1998)

DATA SOURCES AND DATA ISSUES

BCSP Database and RPMS. Population records are available from the Census.

SIGNIFICANCE

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer.

SP(Reporting Year) # 4

PERFORMANCE MEASURE:

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

STATUS:

Active

GOAL

To increase the percentage of eligible infants with disabilities under the age of 1 year receiving early intervention services.

DEFINITION

Numerator:

Number of infants with disability under age of 1 year who received early intervention services.

Denominator:

Number of infants under age of 1 year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Related to 16-20c.

Ensure that infants with diagnosed disorders are enrolled in appropriate service interventions within an appropriate time period.

DATA SOURCES AND DATA ISSUES

C*DAC records. Live births co-hort.

SIGNIFICANCE

The success of early intervention is very critical when it is started as soon as a child with special health needs is identified. The staff will work hard to increase the percentage of eligible infants with disabilities under the age of 1 receiving early intervention services.

SP(Reporting Year) # 5

PERFORMANCE MEASURE:

The rate of chlamydia for adolescents aged 13-19 years.

STATUS:

Active

GOAL

To decrease the rate of Chlamydia for adolescents aged 13-19 years.

DEFINITION

Describe how the value of the measure is determined from the data

Numerator:

Number of chlamydia cases among adolescents aged 13-19 years.

Denominator:

Total number of adolescents aged 13-19 years.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

25.1 Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.

DATA SOURCES AND DATA ISSUES

Southern and Community Wellness Centers, Women's Clinic, Lab Unit, and STD/HIV Prevention Program.

SIGNIFICANCE

Per the YRBS results, CNMI high school adolescents exceeded US rates by almost ten percent in the use of mind-altering substances combined with sexual intercourse, a behavior most closely associated with unsafe, unprotected sexual activity. CNMI adolescents who are sexually active are less likely to use condoms during sexual intercourse. CNMI adolescents were more likely to be sexually active than their US counterparts. Chlamydia is the highest STI for adolescents in the CNMI.

PERFORMANCE MEASURE:	The degree to which State provides nutrition education information to children aged 6 through 11 years.
STATUS:	Active
GOAL	To provide nutrition information that children can use in practical situation.
DEFINITION	<p>Percent of students in the State who receive nutrition education/information.</p> <p>Numerator: The total number of students for each school (both private and public) that receive nutrition education information.</p> <p>Denominator: The number of CNMI public and private school enrollment from first through sixth grade.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	19-16 Increase the proportion of worksites that offer nutrition or weight management classes or coun
DATA SOURCES AND DATA ISSUES	Nutrition/Public Health Dietician monthly report, public and private elementary schools, DPH programs activities.
SIGNIFICANCE	Obesity, diabetes, hypertension, and atherosclerotic vascular disease are among the major health concerns facing the CNMI population. Habits related to diet and levels of physical activity combined are the greatest contributors in the CNMI. The formation of the School Nutrition and Physical Activity Program (SNAPP) was formed to ensure that nutrition education, food service, parent involvement, and physical education are addressed in the schools.

PERFORMANCE MEASURE:

The percent of pregnant women that are screened for chlamydia.

STATUS:

Active

GOAL

To increase the percent of pregnant women who are screened for Chlamydia.

DEFINITION

The percent of positive chlamydia cases in pregnant women.

Numerator:

The number of chlamydia cases in pregnant women

Denominator:

Total number of pregnant women

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

CDC Program, prenatal log book, and MUMPS information system.

SIGNIFICANCE

95% of chlamydia cases are pregnant women. The significance of reducing the number of chlamydia in pregnant women is in the enhancement of a healthier pregnancy outcomes and early identification and treatment.

SO(Reporting Year) # 1

OUTCOME MEASURE:

The fetal death rate per 1,000 live births.

STATUS:

Active

GOAL

To reduce number of fetal deaths (stillbirths).

DEFINITION

Numerator: Number of deaths to infants: Denominator: Number of live births. Units: 1,000 Text: Rate per 1,000.

Numerator:

Number of fetal deaths (greater than 20 weeks gestation)

Denominator:

Total number of live births

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-1 Reduce fetal and infant deaths

16-1a. Fetal deaths at 20 or more weeks of gestation.

16-1b. Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days or more after birth).

DATA SOURCES AND DATA ISSUES

Vital Statistics Office (fetal death certificates and database)

SIGNIFICANCE

The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MP

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	184.7	198.7	83.5	296.9	168.6
Numerator	106	110	47	167	94
Denominator	5,738	5,536	5,627	5,624	5,576

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2009
Field Note:
 94 children aged 0-4 yrs were hospitalized for asthma.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2008
Field Note:
 In 2008, 167 children 0-4yrs diagnosed with Asthma were hospitalized.
- Section Number:** Form17_Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2007
Field Note:
 47 children aged 0-4 hospitalized for asthma. Denominator was revised to 5627.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>24.4</u>	<u>37.0</u>	<u>43.3</u>	<u>32.5</u>	<u>95.7</u>
Numerator	<u>325</u>	<u>526</u>	<u>438</u>	<u>267</u>	<u>265</u>
Denominator	<u>1,332</u>	<u>1,422</u>	<u>1,012</u>	<u>821</u>	<u>277</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

265 received at least initial periodic screen within 6 wks immunization.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, 267 <1yr medicaid enrollees received at least one initial periodic screen at 6 six immunization screening. Enrollees pending immunization.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

1012 medicaid enrollees less than 1 year old in 2007; 438 under medicaid had initial screen. Need to finalize figure.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>24.4</u>	<u>46.6</u>	<u>43.3</u>	<u>32.5</u>	<u>95.7</u>
Numerator	<u>325</u>	<u>526</u>	<u>438</u>	<u>267</u>	<u>265</u>
Denominator	<u>1,332</u>	<u>1,129</u>	<u>1,012</u>	<u>821</u>	<u>277</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Same as Medicaid. Actual figure pending immunization.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Same as Medicaid. Actual figure pending immunization.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

SCHIP same as medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>24.2</u>	<u>32.8</u>	<u>43.5</u>	<u>18.8</u>	<u>18.0</u>
Numerator	<u>323</u>	<u>466</u>	<u>515</u>	<u>22</u>	<u>34</u>
Denominator	<u>1,332</u>	<u>1,422</u>	<u>1,183</u>	<u>117</u>	<u>189</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported is from a face-to-face interview with 135 patients after delivery.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

1183 qualified pregnant women to determine kotelchuck index. 515 had adequate prenatal care checkup.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	<u>26.1</u>	<u>32.6</u>	<u>27.4</u>	<u>29.2</u>	<u>34.1</u>
Numerator	<u>6,313</u>	<u>7,261</u>	<u>6,113</u>	<u>6,550</u>	<u>7,685</u>
Denominator	<u>24,150</u>	<u>22,248</u>	<u>22,319</u>	<u>22,409</u>	<u>22,527</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

7685 received service paid by medicaid program aged 1-21 yrs

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, 6550 1-21yrs old received service paid by Medicaid program.

- Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

6,113 children 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS. Denominator revised from 25466 to 22319.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>23.9</u>	<u>24.9</u>	<u>27.8</u>	<u>22.8</u>	<u>19.3</u>
Numerator	<u>1,267</u>	<u>1,035</u>	<u>1,165</u>	<u>967</u>	<u>827</u>
Denominator	<u>5,307</u>	<u>4,164</u>	<u>4,186</u>	<u>4,238</u>	<u>4,291</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

In 2009, 827 medicaid enrollees received dental services.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

In 2008, 967 medicaid enrollees received dental services.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

1,165 children 6-9 years received dental services in 2007. Data derived from RPMS. Denominator revised from 5671 to 4186.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>45.4</u>	<u>89.7</u>	<u>88.0</u>	<u>87.4</u>	<u>94.9</u>
Numerator	<u>147</u>	<u>209</u>	<u>221</u>	<u>236</u>	<u>282</u>
Denominator	<u>324</u>	<u>233</u>	<u>251</u>	<u>270</u>	<u>297</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

282 <16yrs old SSI beneficiaries received services.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

239 <16yrs old SSI beneficiaries received services.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

Children 16 and less receiving SSI

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MP

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2009	Matching data files	<u>28.3</u>	<u>71.7</u>	<u>4.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2009	Matching data files	<u>5.1</u>	<u>5.1</u>	<u>10.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Matching data files	<u>37.7</u>	<u>62.3</u>	<u>28.5</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2009	Other	<u>0</u>	<u>0</u>	<u>0</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MP

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">218</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">4</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">9</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">10</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">19</div>)	2009	<div style="text-align: right;">150</div> <div style="text-align: right;">150</div> <div style="text-align: right;">150</div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">150</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MP

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	218
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>4</u>) (Age range <u>5</u> to <u>9</u>) (Age range <u>10</u> to <u>19</u>)	2009	150 150 150
c) <i>Pregnant Women</i>	2009	150

FORM NOTES FOR FORM 18

matching data files: live birth registry, death registry, and medicaid accounting file.
Other: Physician analysis report.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2011
Field Note:
estimated number of infants derived from RPMS
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2011
Field Note:
Will verify with medicaid program for % of poverty level
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2011
Field Note:
Medicaid program data incomplete for pregnant enrollees.
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2011
Field Note:
same as medicaid data. data derived from RPMS
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2011
Field Note:
Will get verification from medicaid program
6. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2011
Field Note:
There were only 2 infant death in the CNMI for 2009.
7. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2011
Field Note:
316 pregnant women had prenatal care during the first trimester.
8. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2011
Field Note:
The source is not available at the time of submission until next month. The data has been prepared but could not obtain. The data will be available at the hearing.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MP

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MP

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2011
Field Note:
The CNMI public school system conducts the YRBSS every 2 years.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MP

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	7.4	8.0	5.8	5.8	7.8
Numerator	99	114	80	74	87
Denominator	1,332	1,422	1,385	1,266	1,110

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2009
Field Note:
 89 low birth weight in 2009 with 1109 live birth.
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2008
Field Note:
 77 low birth weight in 2008 with 1266 live birth.
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2007
Field Note:
 80 low birth weight in 2007.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
	2005	2006	2007	2008	2009	
Annual Indicator	6.5	7.0	5.3	3.9	7.0	
Numerator	87	100	73	50	78	
Denominator	1,332	1,422	1,385	1,266	1,110	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

81 singleton less than 2500g

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Twenty (20) were preterm at <37 gestational age. There were 12 sets of twins - the most we have had in the CNMI.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

73 singleton births less than 2,500 grams in 2007

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.0</u>	<u>1.1</u>	<u>0.5</u>	<u>0.2</u>	<u>0.5</u>
Numerator	<u>13</u>	<u>15</u>	<u>7</u>	<u>3</u>	<u>5</u>
Denominator	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>	<u>1,266</u>	<u>1,110</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

5 very low birth weight <1500g. All 5 were preterm less than 37 gestational age.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

3 very low birth weight <1500g. 2 out of 3 were preterm less than 37 gestational age.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

7 Very low birth weight in 2007

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

Annual Indicator Data

	2005	2006	2007	2008	2009
Annual Indicator	0.8	0.9	0.5	0.2	0.5
Numerator	11	13	7	3	5
Denominator	1,332	1,422	1,385	1,266	1,110

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- 1.
- Section Number:**
- Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

5 singleton very low birth weight <1500g; 2 preterm births.

- 2.
- Section Number:**
- Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

3 singleton very low birth weight <1500g; 2 preterm births.

- 3.
- Section Number:**
- Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

7 singleton very low birth weight

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>18.8</u>	<u>0.0</u>	<u>0.0</u>	<u>18.3</u>	<u>6.2</u>
Numerator	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>1</u>
Denominator	<u>15,978</u>	<u>16,395</u>	<u>16,443</u>	<u>16,372</u>	<u>16,244</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				<u>Final</u>	<u>Final</u>

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Only 1 fatal unintentional injury for children 14 and less.

2. Section Number: Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Three 0-14 yrs old unintentional injury mortality in 2008. One due to drowning, 1 due to MVA, and one due to seizure disorder.

3. Section Number: Form20_Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Zero death unintentional injuries in 2007. Denominator revised.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	12.5	0.0	0.0	6.1	6.2
Numerator	2	0	0	1	1
Denominator	15,978	16,395	16,443	16,372	16,244

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

1 MVA death in 2008.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

No MVA fatality for 14yrs and younger in 2007

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>7.6</u>	<u>9.2</u>	<u>19.0</u>	<u>9.7</u>	<u>19.6</u>
Numerator	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>	<u>2</u>
Denominator	<u>13,123</u>	<u>10,838</u>	<u>10,516</u>	<u>10,271</u>	<u>10,198</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

2 MVA fatality.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

1 MVA death 15-24yrs old in 2008.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

There were only 2 MVA mortality aged 15-25 years in 2007. Denominator revised from 14111 to 10516 to reflect the latest population.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2005	2006	Annual Indicator Data		2009
	2007	2008			
Annual Indicator	7,597.9	6,770.4	2,882.7	2,504.3	1,391.3
Numerator	1,214	1,110	474	410	226
Denominator	15,978	16,395	16,443	16,372	16,244

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

226 total non fatal injuries for children less than 15 yrs

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

The top 3 nonfatal injuries are:

1) Accidental falls

2) stings/bites

3) cut piercing object

These numbers are from ER visits.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Number of children age 14 years and younger unintentional injuries was 681 in 2007

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>206.5</u>	<u>206.6</u>	<u>150.3</u>	<u>61.1</u>	<u>166.2</u>
Numerator	<u>33</u>	<u>33</u>	<u>24</u>	<u>10</u>	<u>27</u>
Denominator	<u>15,978</u>	<u>15,973</u>	<u>15,966</u>	<u>16,372</u>	<u>16,244</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

There were 27 MVA nonfatal injuries with children less than 15 yrs

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

The numbers are from ER visits.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

There were 24 children 14 years and younger in non-fatal MVA in 2007.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	866.1	599.7	351.8	311.6	147.1
Numerator	105	65	37	32	15
Denominator	12,123	10,838	10,516	10,271	10,198

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

There were 15 MVA injuries for 15-24 yrs of age.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

32 15-24yrs old nonfatal MVA injuries in 2008.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

37 non-fatal MVA injuries among 15-24 years old in 2007. Denominator revised from 14111 to 10516 to reflect the latest population.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>22.9</u>	<u>20.3</u>	<u>11.9</u>	<u>8.6</u>	<u>15.1</u>
Numerator	<u>58</u>	<u>52</u>	<u>30</u>	<u>22</u>	<u>39</u>
Denominator	<u>2,529</u>	<u>2,567</u>	<u>2,517</u>	<u>2,544</u>	<u>2,582</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

39 cases of chlamydia for women 15-19 years of age.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

22 cases of chlamydia 15-19 yrs olds in 2008.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

30 15-19 women positive chlamydia. Denominator revised from 2658 to 2517 to reflect the latest population.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>4.4</u>	<u>3.7</u>	<u>5.5</u>	<u>2.1</u>	<u>5.2</u>
Numerator	<u>128</u>	<u>66</u>	<u>89</u>	<u>32</u>	<u>74</u>
Denominator	<u>29,226</u>	<u>17,696</u>	<u>16,320</u>	<u>14,888</u>	<u>14,156</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

74 cases of chlamydia for women aged 20-44.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

32 women with chlamydia aged 20-44yrs old in 2008.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

89 women 20-44 yrs positive chlamydia. Denominator revised to reflect the latest population.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	7	1	1	1	1	1	1	1
Children 1 through 4	5,335	110	0	0	1,919	2,315	991	0
Children 5 through 9	5,243	9	0	0	1,580	2,540	1,114	0
Children 10 through 14	5,621	9	0	0	1,461	2,975	1,176	0
Children 15 through 19	4,972	33	0	0	1,072	2,989	878	0
Children 20 through 24	6,261	68	0	0	4,147	1,647	396	3
Children 0 through 24	27,439	230	1	1	10,180	12,467	4,556	4

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	7	0	0
Children 1 through 4	5,335	0	0
Children 5 through 9	5,243	0	0
Children 10 through 14	5,621	0	0
Children 15 through 19	4,972	0	0
Children 20 through 24	6,261	0	3
Children 0 through 24	27,439	0	3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1	0	0	0	1	0	0	0
Women 15 through 17	35	0	0	0	5	26	4	0
Women 18 through 19	65	0	0	0	10	50	5	0
Women 20 through 34	743	6	0	0	384	344	9	0
Women 35 or older	265	3	0	0	198	61	3	0
Women of all ages	1,109	9	0	0	598	481	21	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1	0	0
Women 15 through 17	35	0	0
Women 18 through 19	65	0	0
Women 20 through 34	743	0	0
Women 35 or older	265	0	0
Women of all ages	1,109	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	5	0	0	0	2	3	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	2	0	0	0	1	1	0	0
Children 0 through 24	12	0	0	0	3	9	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	5	0	0
Children 1 through 4	1	0	0
Children 5 through 9	0	0	0
Children 10 through 14	2	0	0
Children 15 through 19	2	0	0
Children 20 through 24	2	0	0
Children 0 through 24	12	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	21,171	161	0	0	6,032	10,819	4,159	0	2009
Percent in household headed by single parent	18.8	0.0	0.0	0.0	37.6	52.2	9.6	0.6	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid	2,349	5	0	1	1,620	723	0	0	2009
Number enrolled in SCHIP	2,349	5	0	1	1,620	723	0	0	2009
Number living in foster home care	19	0	0	0	0	17	2	0	2009
Number enrolled in food stamp program	6,871	27	0	0	1,869	4,975	0	0	2009
Number enrolled in WIC	2,221	15	0	0	650	1,556	0	0	2009
Rate (per 100,000) of juvenile crime arrests	1,082.3	0.0	0.0	0.0	82.9	898.3	101.3	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	2.6	0.0	0.0	0.0	22.6	77.4	0.0	0.0	2009

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	21,171	0	0	2009
Percent in household headed by single parent	0.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	2,349	0	0	2009
Number enrolled in SCHIP	2,349	0	0	2009
Number living in foster home care	19	0	0	2009
Number enrolled in food stamp program	6,992	0	0	2009
Number enrolled in WIC	19	0	0	2009
Rate (per 100,000) of juvenile crime arrests	1,082.3	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	2.6	0.0	0.0	2009

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>0</u>
Living in urban areas	<u>0</u>
Living in rural areas	<u>21,171</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>21,171</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	60,608.0
Percent Below: 50% of poverty	19.1
100% of poverty	69.2
200% of poverty	82.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2009 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	21,171.0
Percent Below: 50% of poverty	1.0
100% of poverty	1.0
200% of poverty	1.0

FORM NOTES FOR FORM 21

The latest demographic report derived from the 2005 CNMI Household Income and Expenditure Survey (HIES).

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
7 figure is invalid. number of infants included in 1-4 years.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Figures includes infants less than 1 year olds.
3. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
no breakdown for infants, combined with 1-4 years. number if infants included in 1-4 yrs.
4. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
combined with infants
5. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2011
Field Note:
Total live births from Birth Certificates
6. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Total of 12 mortality for 0-24 yrs.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
Data derived from HIES 2005.
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2011
Field Note:
Estimated number WIC program recipients pending data from source, WIC Program.
9. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2011
Field Note:
estimated number enrolled in WIC
10. **Section Number:** Form21_Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2011
Field Note:
Data derived from the 2005 HIES
11. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2011
Field Note:
Data derived from 2005 HIES
12. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2011

Field Note:

Number 11588 at 50% below. Pending verification from source, CSD Dept. of Commerce

13. Section Number: Form21_Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2011

Field Note:

Number 41912 at 125%. Pending verification from source.

14. Section Number: Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2011

Field Note:

Number 49693 at 185%. Pending verification from source.

15. Section Number: Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2011

Field Note:

Total derived from 2005 HIES

16. Section Number: Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2011

Field Note:

Pending data

17. Section Number: Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2011

Field Note:

Pending data from source

18. Section Number: Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2011

Field Note:

Pending data from source

19. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2011

Field Note:

Est. numbers for foster care pending source, DYS.

20. Section Number: Form21_Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2011

Field Note:

estimated number of foster home care

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MP

Form Level Notes for Form 11

Subsequent years objectives were changed to reflect 2009 annual indicator thus making it more realistic to current situation.

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of pregnant women enrolled in the Medicaid Program receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Improve case management of pregnant women identified as "high risk"

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator	1	1	1	1	1
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of women who have ever received a pap smear.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of women who have ever received a mammogram.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of children, aged 12 months to 5 years, receiving WIC services that report consumption of at least two daily servings of fruit and vegetables.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of 0-5 year olds who have received developmental screening

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The rate of birth (per 1,000) for Chamorro teenagers aged 15 through 18 years.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 9 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Reduce adolescent risk behaviors relating to alcohol and other drug use

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 10 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Input information on infants with a diagnosis at birth into the Birth Defects Registry within 6 months.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MP

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The fetal death rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Data Source	<input type="text"/>				
Is the Data Provisional or Final?	<input type="text"/>				

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MP

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE: The percent of mothers who breastfeed their infants at hospital discharge.
STATUS: Active
GOAL: To increase the percent of mothers who breastfeed their infants at hospital discharge
DEFINITION: Numerators will be number of mothers who breastfeed before hospital discharge. Denominator - # of live births

Numerator:
Number of mothers who breastfeed at hospital discharge
Denominator:
Number of live births
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE: Related to objective 16-19
Increase the proportion of mothers who breastfeed their babies.

DATA SOURCES AND DATA ISSUES: Birth certificates, WIC Program, Postpartum Care Clinic, Immunization Clinic, Labor and Delivery Unit.

SIGNIFICANCE: Rates of breastfeeding has been decreasing in the CNMI. Research has shown that exclusive breastfeeding is the ideal nutrition. There has been significant reliable evidence produced over recent years to show that breastfeeding has important advantages for both infant and mother. With the high prevalence of diabetes in the CNMI, we need to increase our education benefits of breastfeeding for babies such as it may protect your child from obesity later on in life; may protect your baby from developing type 1 diabetes; protection against heart diseases and mothers such as decreased risks of osteoporosis, breast and ovarian cancers, and type-2 diabetes. This will assist MCH and its partners such as WIC to expand our work with our mothers to continue breastfeed their infants for the first 6 months after birth.

PERFORMANCE MEASURE:	Percent of pregnant women enrolled in the Medicaid Program receiving prenatal care beginning in the first trimester.
STATUS:	Active
GOAL	Increase initiation of prenatal care visits during first trimester for pregnant women enrolled in the Medicaid Program
DEFINITION	<p>Numerator: # of live births with reported first prenatal care visit during first trimester (before 13 weeks gestation) to women enrolled in Medicaid in the calendar year Denominator: # of live births in the state in the calendar year</p> <p>Numerator: Number of live births with reported first prenatal care visit during first trimester (before 13 weeks gestation) to women enrolled in Medicaid in the calendar year</p> <p>Denominator: Number of live births in the state in the calendar year</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to objective 16-16</p> <p>Increase the proportion of pregnant women who received early and adequate prenatal care.</p>
DATA SOURCES AND DATA ISSUES	Birth certificates, Postpartum Care Clinic, Labor and Delivery Unit.
SIGNIFICANCE	From the post partum evaluation survey we learned that women that are enrolled in the Medicaid Program do not access early and continuous prenatal care. The results also shows that these women know about importance of prenatal care; in fact some states that they would get the care in their next pregnancy. MCH Program needs to increase its work with it partners to educate women about the prenatal benefits of the Medicaid Program and to work with them to take advantage of it.

PERFORMANCE MEASURE:	Improve case management of pregnant women identified as "high risk"
STATUS:	Active
GOAL	To provide the system in place to ensure that pregnant women are identified and provided case management during their pregnancy
DEFINITION	<p>We would use a scale rating such as 1 - not met; 2 - mostly met; 3 met</p> <p>Numerator: Rank the following such as policies and procedures, training, glucometer program, eligibility assistance, etc.</p> <p>Denominator: Same as numerator</p> <p>Units: 1 Text: Scale</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to Healthy People 16-10</p> <p>Reduce low birth weight (LBW) and very low birth weight (VLBW)</p>
DATA SOURCES AND DATA ISSUES	Women's Clinic, private clinics, MCH Program, WIC Program
SIGNIFICANCE	The importance of identification of high risk pregnancy is significant to the birth outcomes and the mother's health. This allows for individualized intervention, keep the physician informed and follows prescribed treatment plan. Some intervention could be providing education, referral for specialty care, home care, etc.

PERFORMANCE MEASURE:	Percent of women who have ever received a pap smear.
STATUS:	Active
GOAL	To increase the proportion of women aged 18 years and older who have ever received a pap smear.
DEFINITION	<p>Numerator - # of women 18 years and older who received pap smear for the reporting year. Denominator - # of women aged 18 years and older in the CNMI.</p> <p>Numerator: Number of women 18 years and older who received pap smear in the reporting year.</p> <p>Denominator: Number of women aged 18 years and older in the CNMI.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Objective 3-11a.</p> <p>Women aged 18 years and older who have every received a Pap test (Baseline – 92 percent in 1998)</p>
DATA SOURCES AND DATA ISSUES	BCSP Database and RPMS. Population records are available from the Census.
SIGNIFICANCE	<p>A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer. There were 15,543 women aged 25-60 years that were identified as not having had a pap smear for the past 4 years.</p>

PERFORMANCE MEASURE:

Percent of women who have ever received a mammogram.

STATUS:

Active

GOAL

To increase the proportion of women aged 40 years and older who have ever received a mammogram.

DEFINITION

Numerator:

Number of women aged 40 years and older who received a mammogram.

Denominator:

Number of women aged 40 years and older in the CNMI.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 3-13.

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.
(Baseline – 67 percent in 1998)

DATA SOURCES AND DATA ISSUES

BCSP Database and RPMS. Population records are available from the Census.

SIGNIFICANCE

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer.

PERFORMANCE MEASURE:	Percent of children, aged 12 months to 5 years, receiving WIC services that report consumption of at least two daily servings of fruit and vegetables.
STATUS:	Active
GOAL	To reduce the proportion of children ages 12 months to 5 years who are at risk of overweight or obese
DEFINITION	<p>Number of Children, ages 12 months to 5 years, receiving WIC services that report consumption of at least two daily servings of fruits and vegetables</p> <p>Number of children, ages 12 months to 5 years, that receive WIC services during the reporting year.</p> <p>Numerator: Number of Children, ages 12 months to 5 years, receiving WIC services that report consumption of at least two daily servings of fruits and vegetables</p> <p>Denominator: Number of children, ages 12 months to 5 years, that receive WIC services during the reporting year.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to objective 19-5</p> <p>Increase the proportion of persons aged 2 years and older who consume at least two daily servings of fruit and vegetables.</p>
DATA SOURCES AND DATA ISSUES	WIC Program, Family Surveys
SIGNIFICANCE	<p>Preliminary results from the NATFAN: Children State Agency Report Pre-Food Package Rollout Questionnaire conducted at the WIC Clinic in the Fall 2009 shows that for our WIC children age 12 months to 5 yrs 65.1% eat fruits one time or less per day and 69.1% eat vegetables one time or less per day. The State Indicator Report on Fruits and Vegetables, 2009 provides for the first time information on fruit and vegetable (F&V) consumption and policy and environmental support within each state. Fruits and vegetables are important for optimal child growth, weight management, and chronic disease prevention. Supporting increased F&V access, availability, and reduced price are key strategies towards the Centers for Disease Control and Prevention's (CDC) objective of improved F&V consumption and thus improved nutrition among all Americans. Increasing consumption of fruit and vegetables can significantly reduce the risk of many chronic diseases (Department of Health 1994, Department of Health 1998, WHO 2000).</p>

PERFORMANCE MEASURE:	Percent of 0-5 year olds who have received developmental screening
STATUS:	Active
GOAL	Increase developmental screening for children 0-5 years old for early identification and intervention
DEFINITION	<p>Numerator: Number of 0-5 year olds who received one developmental screening Denominator: All children in the state aged 0-5 years</p> <p>Numerator: Number of 0-5 year olds who received one developmental screening</p> <p>Denominator: All children in the state aged 0-5 years</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to Healthy People 2010 16-14</p> <p>Reduce the occurrence of developmental disabilities</p>
DATA SOURCES AND DATA ISSUES	Early Intervention Services Program, Immunization Program, WIC Program, MCH Program
SIGNIFICANCE	Developmental screening can allow for earlier detection of delays and improve child health and well-being for identified children. One of the findings for the Head Start Community Assessment is to increase developmental screening to include autism and language disorder since this impact their readiness for school.

PERFORMANCE MEASURE:	The rate of birth (per 1,000) for Chamorro teenagers aged 15 through 18 years.
STATUS:	Active
GOAL	To lower the birth rate among Chamorro teenager aged 15-18.
DEFINITION	<p>Numerator: Number of live births to Chamorro teenagers aged 15-18 years in the calendar year. Denominator: Number of Chamorro females aged 15 through 18 years in the calendar year.</p> <p>Numerator: Number of live births to Chamorro teenagers aged 15-18 years in the calendar year.</p> <p>Denominator: Number of Chamorro females aged 15 through 18 years in the calendar year.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to objective 9-7</p> <p>Reduce pregnancies among adolescent females</p>
DATA SOURCES AND DATA ISSUES	Birth certificates, Postpartum Care Clinic, Labor and Delivery Unit.
SIGNIFICANCE	The costs of teen pregnancy are enormous, to teens and their children, as well as the public sector. Children born to teens are two times more likely to suffer abuse and neglect than the children of older mothers. In addition teen mothers generally end up dropping out of high school.

PERFORMANCE MEASURE:	Reduce adolescent risk behaviors relating to alcohol and other drug use
STATUS:	Active
GOAL	To lower behaviors that lead to unintentional injuries, sexually transmitted diseases, teenage pregnancy and other risk behaviors associated with alcohol use.
DEFINITION	<p>Denominator: Number of adolescents in the State aged 12 to 17 years</p> <p>Numerator: Reported ages</p> <p>Denominator: Number of adolescents in the State aged 12 to 17 years</p> <p>Units: Yes Text: Text</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to objective 26-9</p> <p>Increase the age and porportion of adolescents who remain alcohol and drug free</p>
DATA SOURCES AND DATA ISSUES	CNMI YRBSS, Student surveys
SIGNIFICANCE	The results from the Adolescent Health Determinant work group identified alcohol and other drug use as the important/most common and/or most concerning adolescent issues related to 1) Behaviors that contribute to unintentional and intentional injuries; 2) Sexual activity that leads to unintended pregnancy and sexually transmitted diseases 3) Mental Health and 4) Alcohol, Tobacco, and other drug use. Furthermore, students ranked alcohol and other drug use the highest amongst the list of priority needs.

PERFORMANCE MEASURE:	Input information on infants with a diagnosis at birth into the Birth Defects Registry within 6 months.
STATUS:	Active
GOAL	To increase early identification and intervention
DEFINITION	<p>Numerator: Number of babies born and identified as child with special health care needs. Denominator: Number of live births for the year</p> <p>Numerator: Number of babies born and identified as child with special health care needs.</p> <p>Denominator: Number of live births for the year</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Related to objective 23-5</p> <p>Increase the proportion of leading health indicators, health status indicators, and priority data needs</p>
DATA SOURCES AND DATA ISSUES	MCH Program, Early Intervention Services Program, Birth Certificate
SIGNIFICANCE	One of the priority from parents of children with special health care needs and early intervention services provider is early identification and intervention. Our challenge here in the CNMI is the identification of children. The development of the birth defects registry will improve our work in early identification, intervention, and tracking.

OUTCOME MEASURE:	The fetal death rate per 1,000 live births.
STATUS:	Active
GOAL	To reduce number of fetal deaths (stillbirths).
DEFINITION	<p>Numerator: Number of deaths to infants: Denominator: Number of live births. Units: 1,000 Text: Rate per 1,000.</p> <p>Numerator: Number of fetal deaths (greater than 20 weeks gestation)</p> <p>Denominator: Total number of live births</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>16-1 Reduce fetal and infant deaths</p> <p>16-1a. Fetal deaths at 20 or more weeks of gestation.</p> <p>16-1b. Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days or more after birth).</p>
DATA SOURCES AND DATA ISSUES	Vital Statistics Office (fetal death certificates and database)
SIGNIFICANCE	The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

